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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 NOV - 1 PM 1: 13

Annual Report for the year: **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

<del></del>			~			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
16200	SALYLLO PLEALTY, L.L.C.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhyde Island					
1 5 31190	<u>'</u>					
5. State of Formation	ormation					
N.T.	HOU	MAL 6	ESTATE FOR :	PMESTY	1ENT	
6. Principal Office Address			City CHANSTAN	State	Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name DAMD SALZILLO			Contact Title			
Street Address 1150 PANK AWNUE			City CAANSTAN	State NI	Zip CA/O	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip '	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are tryle and correct.						
Name of Authorized Person  AMD SHLULLO MANBER  Date  1/1/9						
Signature of Authorized Person (Member L.L. C.						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov FILED NOV 01 2019